

Autism Basics

Pervasive Parenting Center



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PowerPoint:



Funding Sources:

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We have fund raisers and accept donations.



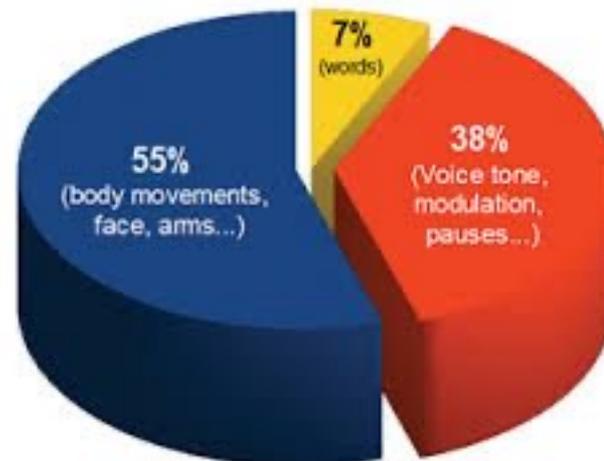
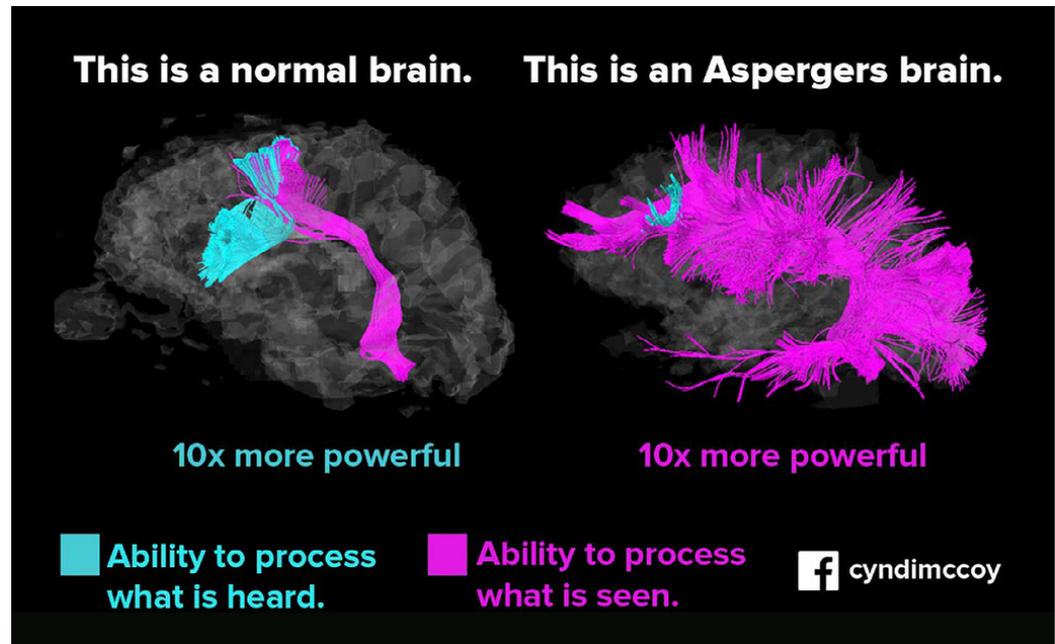
Office of Special Education Programs
U.S. Department of Education



What is Autism?

A life-long neurodevelopmental disability characterized by deficits in:

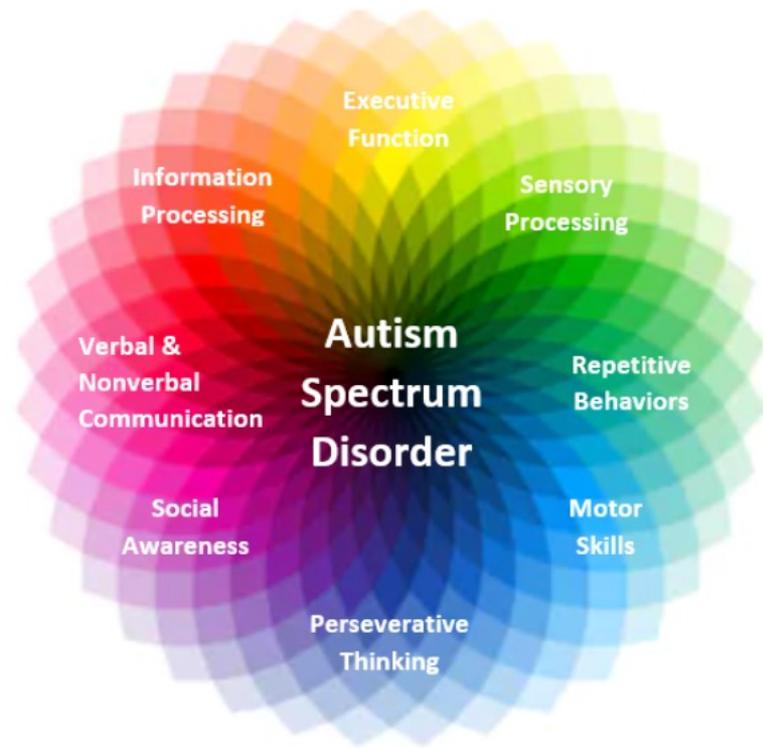
- Communication (not just verbal)
- Social Interaction
- Restricted, repetitive or rigid behaviors and interests



What is Autism?

Usually begins during the first three years of life

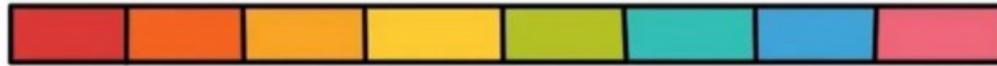
Symptoms range from mild to severe



“Autism is a collection of overlapping groups of symptoms that vary from child to child.”

Autism Spectrum

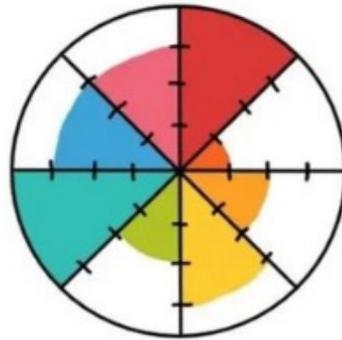
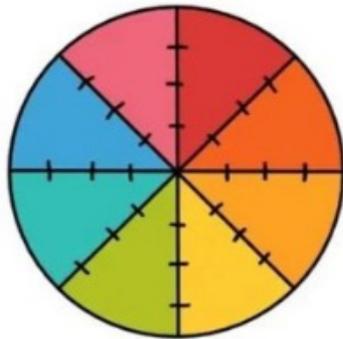
The Autism Spectrum is NOT linear



less autistic

very autistic

The Autism Spectrum looks more like:



- Social differences
- interests
- repetitions
- sensory sensitivities
- emotional regulation
- perception
- executive functioning
- other

Terms like "high functioning", "low functioning" are harmful and outdated.

Autism-sketches

Autism is NOT...

- A Mental Illness
- A child who chooses to be unruly or to misbehave
- A result of bad parenting





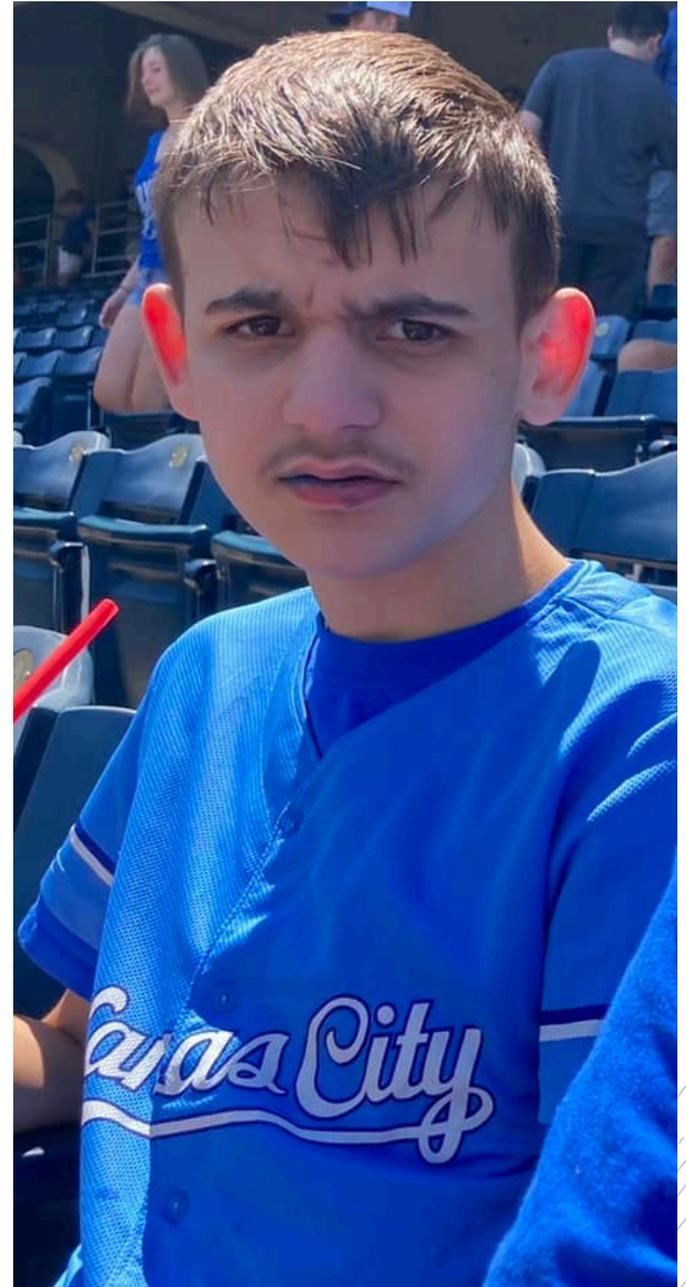
What Does Autism Look
Like?

Konner Lane Toney

Born: April 5, 2005

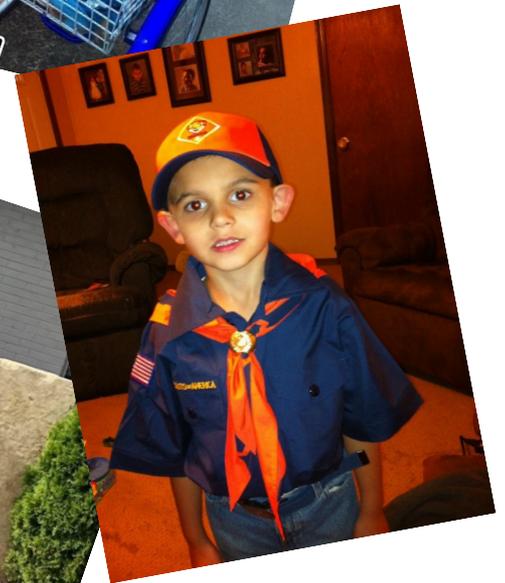
Interests: Thomas the Train, Roblox, Minecraft, Bluey, Angry Birds, Spongebob Squarepants, computers, pets, wrapping up in blankets, Konner Sandwiches, taking baths.

Dislikes: Dora The Explorer, Loud Noises (unless he makes them), his brother Kruz (most of the time).





Konner Toney



Konner Toney

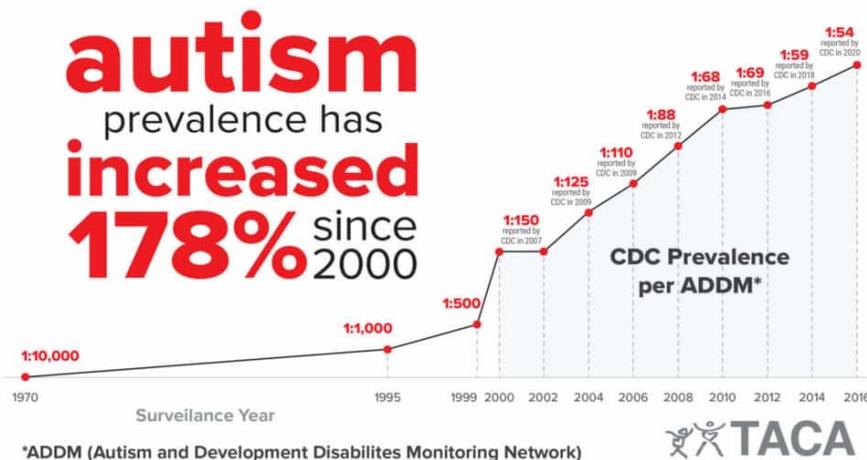


Konner Toney



- 1 in every 44 children are diagnosed
- Up from 1 in every 1,000 in 1980; and 1 in 110 in 2007, 1 in 88 in 2013 – 74% increase since 2007
- 1 in 54 for boys; 1 in 252 girls – 4X more likely
- Estimated 1.5 million individuals in the U.S. and tens of millions worldwide are affected by autism
- ASD is reported to occur in all racial, ethnic, and socioeconomic groups.
- According to Autism Speaks there are more children affected by autism than by diabetes, AIDS, cancer, cerebral palsy, cystic fibrosis, muscular dystrophy or Down syndrome – combined.

Statistics:





It's not about awareness,
it's about acceptance!

An Autism Epidemic?

More cases identified

- Changes in diagnostic criteria

- Better recognition (high/low functioning)

Increased awareness in parents and professionals

- Implications of label

- Education services

- Misconceptions associated with prognosis

Diagnostic substitution

- Children identified with other disorders in past now are receiving ASD label

Is There A Cure For Autism?

- There is no known cure at this time
- Individuals with ASD do not “grow out” of autism
- Educational programming can help students with ASD develop appropriate skills and improve

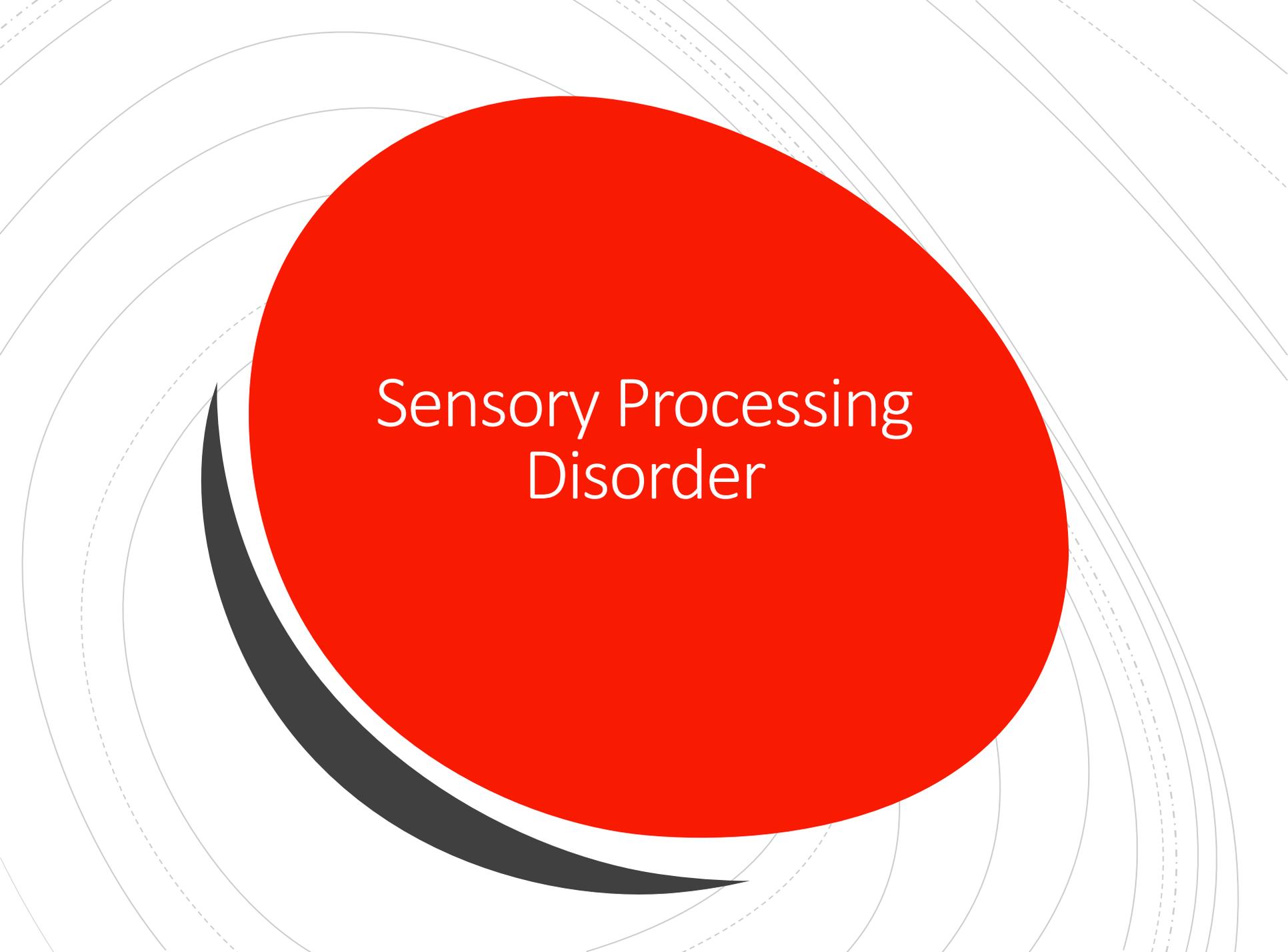


Comorbidity



Comorbidity

Comorbidity is defined as the co-occurrence of two or more disorders in the same person (Matson & Nebel-Schwain, 2007).



Sensory Processing Disorder

Imagine a room where twenty radios all tuned to different stations are blaring out voices and music. The radios have no off switches or volume controls.

The lights are constantly flickering in your eyes. Colors and patterns are pouring in from all directions. They swim and clamor for your attention.

The fabric softener in your shirt smells as strong as air freshener fired up your nostrils. Your jeans feel like steel wool.

The floor keeps tilting like a ferry in heavy seas and you're not sure where your hands and feet are in relation to the rest of you.

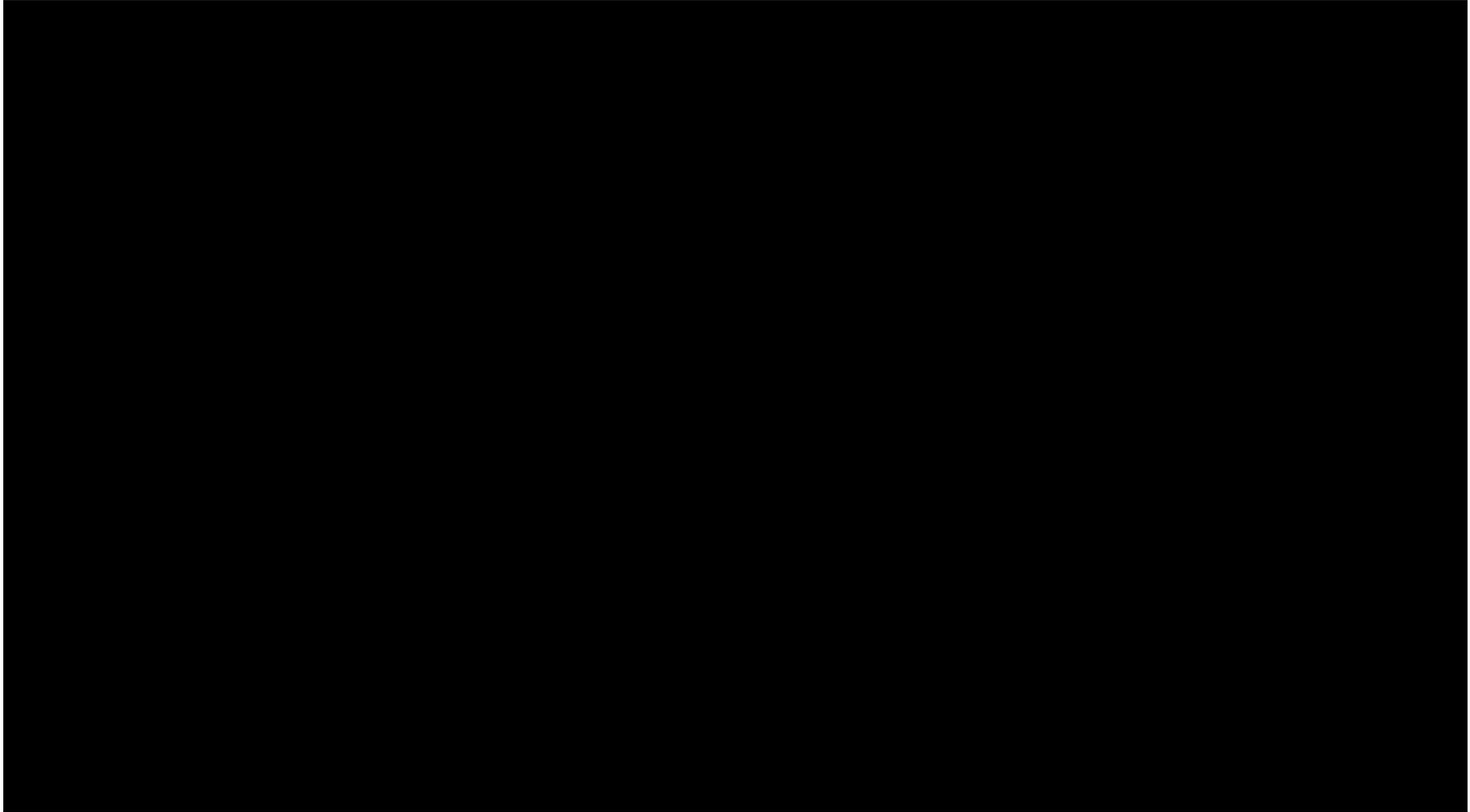
You can actually feel the plates of your skull, and your head feels like it's trapped inside a motorcycle helmet three sizes too small.

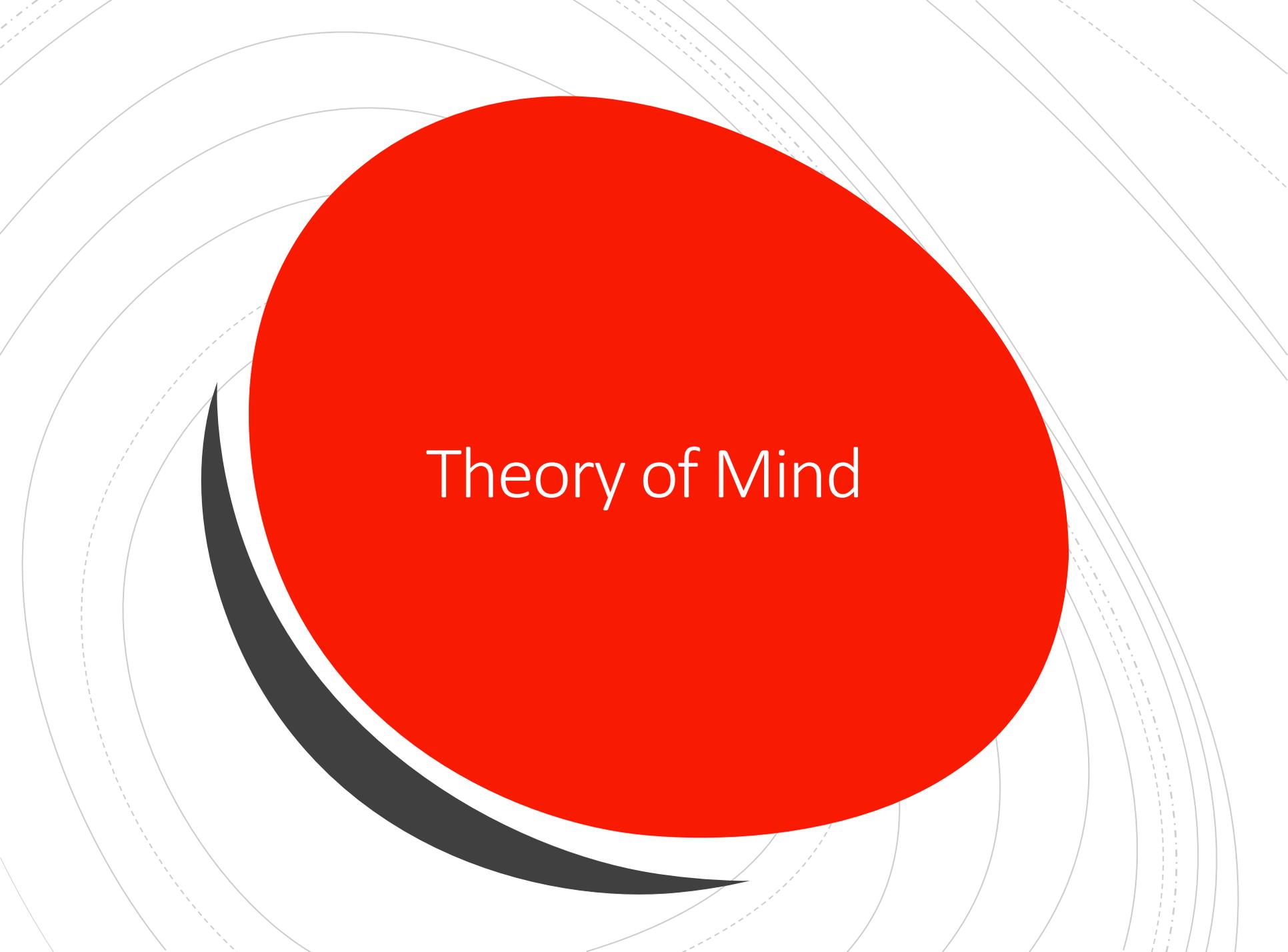
The air conditioning is as deafening as an electric drill. The person in front of you sounds like they are speaking into a cellphone, on a train going through lots of tunnels.

Relief will come only when you are too exhausted to stay awake.

Borrowed from
"The Reason I Jump"
by Naoki Higashida
Translated by David Mitchell

What A Meltdown Is Like





Theory of Mind

Theory of Mind

The ability to understand that other people have their own thoughts, ideas, opinions, etc.

Enables a person to figure out behavior or make inferences regarding others' behavior.

Lack of "Theory of Mind" is also referred to as "Mind Blindness" (Howlin, Baron-Cohen, & Hadwin, 1999)

Trouble predicting another person's behavior and intentions

Cannot understand why people do what they do

Difficulty understanding own behavior

Trouble understanding another's point of view – "My Idea is your Idea"





Persons with autism may also exhibit some of the following traits:

- Insistence on sameness; resistance to change
- Repeating words or phrases in place of normal, responsive language
- Preference to being alone; aloof manner
- Tantrums (Meltdowns)
- Not wanting to cuddle or be cuddled
- Little or no eye contact
- Unresponsive to normal teaching methods
- Sustained odd play
- Spinning objects
- Apparent over-sensitivity or under-sensitivity to pain
- No real fears of danger
- Noticeable physical over-activity or extreme under-activity
- Uneven gross/fine motor skills
- Non-responsive to verbal cues; acts as if deaf, although hearing tests in normal range

From the book by Ellen Notbahr

**Ten Things Your
Student With Autism
Wishes You Knew**

1. Behavior is communication

- All behavior occurs for a reason. It tells you, even when my words can't, how I perceive what is happening around me.
- If a student is acting out they are over stimulated and need help. They can't communicate those needs well. It may take some work to find out why something happened, and how to stop it from reoccurring.



How Do We Handle Behavior Problems?

“If a child doesn’t know how to read, we teach.”

“If a child doesn’t know how to swim, we teach.”

“If a child doesn’t know how to multiply, we teach.”

“If a child doesn’t know how to behave, we...

~~*Punish.”*~~

TEACH!

2. Never assume anything

Keep an open mind – they are smart. They just process information differently. Most are extremely intelligent and have problems with expressing thoughts.

Without factual backup, an assumption is only a guess. I may not know or understand the rules. I may have heard the instructions but not understood them.

2. Never assume anything



- This is an issue that I forget often when dealing with Konner. I know that he is smart, which makes it harder for me to believe he doesn't understand what I'm asking. It's not that he doesn't understand the idea behind the question, just the question in general.

- “Pick Up the Living Room”

- “Konner please put your toys in your room,” it would be a more literal and general statement. Remember, children on the spectrum are often very literal.



2. Never assume anything. (Tips)

- · Always give a few seconds before repeating (count to 15). This gives them time to process the question.
- · When you do ask again, you may want to change the proximity. An example would be to get closer to him when asking.
- · When repeating, change tone of voice, softer and lower works best.
- · When (the child) is extremely stressed reduce the amount of speech. Use the least amount of words possible.
- · Avoid asking “wh” questions (who, what, when, where, why, how) when the child is stressed. Reword to make a statement then ask questions without “wh”. Instead of asking “where are you going”, state, “I see you are leaving. Is it time to leave?”

3. Look for sensory issues first

A lot of my resistant behaviors come from sensory discomfort.

Konner, like many on the spectrum, tends to:

- Pace when he is over stimulated
- He will rock
- Flapping
- Repeat things constantly
- Cover his ears
- Chew on pencils, clothes, etc.
- Spitting
- Clearing Throat
- And ultimately scream

Some signs of Sensory Processing Disorder / SPD

May cover ears when there are loud sounds such as vacuums, hair dryers, etc. May even scream or cry.

May dislike hair being brushed or cut

May be sensitive to light

May have issues with food textures. Gagging is common when trying new things.

May cry or get upset over clothing tags or textures.

Can't be touched or can't be touched enough

May be an excessive risk taker, crashing into things

May show little or no reaction to stimulation, even pain or extreme hot and cold or overreaction to pain or hot and cold

May have poor coordination.

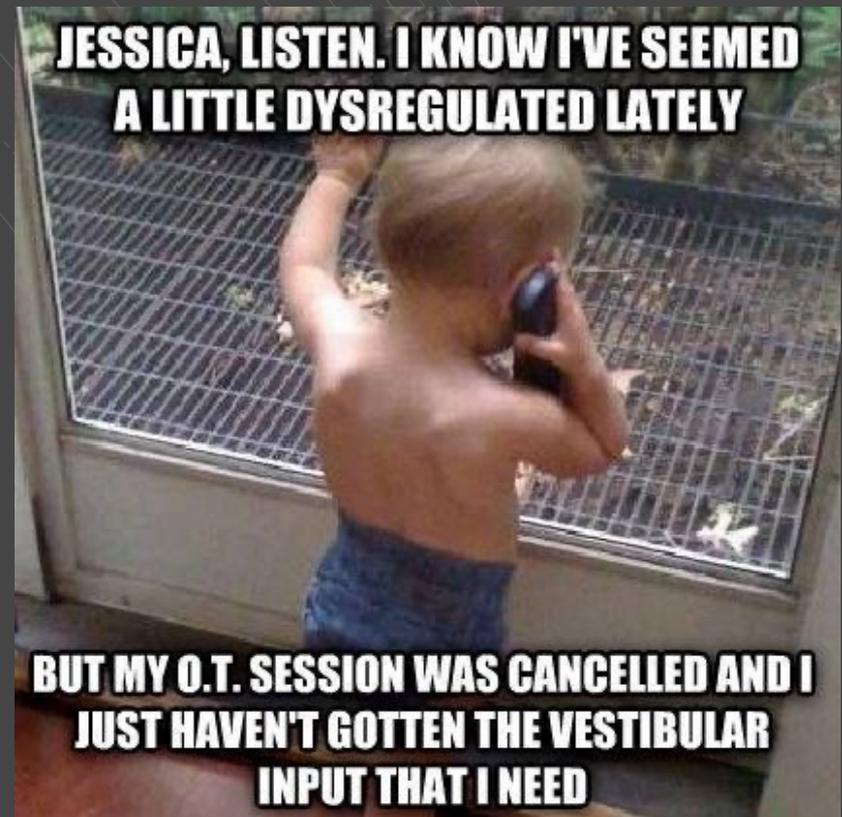
Fb/therockinautismmom



4. Provide me a break to allow for self-regulation before I need it.

- This is where the warning signs come in.
- These can be anything that helps the child **calm down**.
- Some children like:
 - Pressure. Weighted vest (a blanket will work too).
 - Breathing
 - Sand paper, fur, silk
 - Bean bags
 - A quiet corner
 - Joint Compressions
 - Earplugs or headphones
 - A walk

Any of these can help a child calm down and prevent a disruption.



5. Tell me what you want me to do in the positive rather than the imperative.

Children, especially on the spectrum, can feel frustration.



If you get upset and yell it is counter-productive, and usually results in a meltdown.

6. Keep your expectations reasonable.

How important is it?

Should I really expect my child to sit in a noisy cafeteria?

It may be better in the long run to take him/her out and hangout in the classroom instead.



7. Help me transition between activities.

- There are many things that can help in this situation.
- A verbal warning.
- A visual schedule is awesome!
Then put them together in a book.
- This is where a visual timer can help. Set it to ring about five minutes before time to change.



8. Don't make a bad situation worse.

- This goes along with number five.
 - Take a step back!



9. Criticize gently.

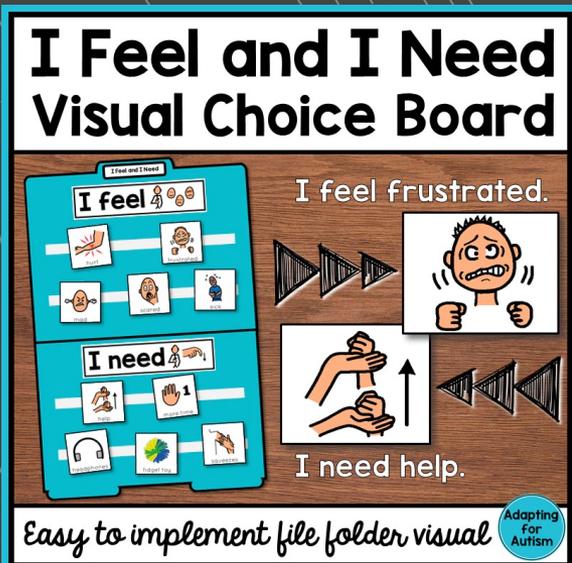
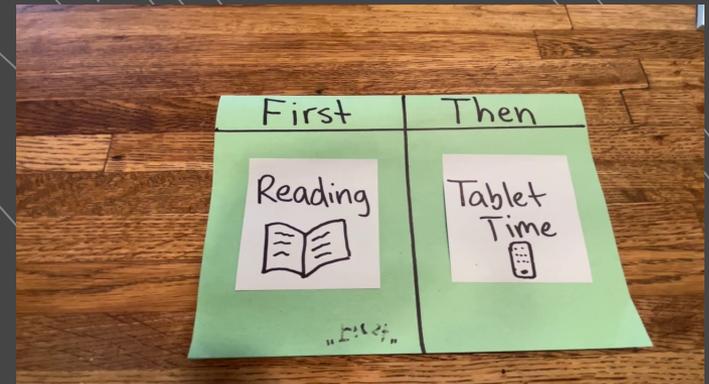
- Again, self-explanatory, but just be nice and praise more than critique.
- Use positive reinforcements.

BEAT negativity with positivity! Generate five **POSITIVE** thoughts for every negative thought or feeling that comes up!

BeAmazingYou

10. “Offer real choices – and only real choices.”

- Here is an example that they have used: Whenever possible, offer a choice within a 'have-to'.
- Rather than saying: "Write your name and the date on the top of the page," say: "Would you like to write your name first, or would you like to write the date first?" or "Which would you like to write first, letters or numbers?" Follow by showing me: "See how Jason is writing his name on his paper?"
- Sometimes, instead of asking it's best if you just tell. Instead of, “Do you want a bath?” Say, “It's bath time.”





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- (918) 647-1255